

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		2014670.42
(b) Cash on Hand at Beginning of Reporting Period.....	2418486.54	
(c) Total Receipts (from Line 19)	241804.90	1143434.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2660291.44	3158104.95
7. Total Disbursements (from Line 31)	82218.85	580032.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2578072.59	2578072.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 01 2013

To:

M M / D D / Y Y Y Y
07 31 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

101614.24

438630.16

(ii) Unitemized

38627.31

155131.11

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

140241.55

593761.27

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

140241.55

598761.27

12. Transfers From Affiliated/Other

Party Committees.....

101350.00

541325.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

213.35

1348.26

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ▶

241804.90

1143434.53

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

241804.90

1143434.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	218.85	2957.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	218.85	2957.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82000.00	577000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	75.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	75.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	82218.85	580032.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82218.85	580032.36

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	140241.55	598761.27
34. Total Contribution Refunds (from Line 28(d))	0.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	140241.55	598686.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	218.85	2957.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	218.85	2957.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. James Burke MD

Mailing Address 3621 Wells Fargo Avenue

City	State	Zip Code
Scottsdale	AZ	85251-5607

FEC ID number of contributing federal political committee.

C

Name of Employer

Scottsdale Healthcare Shea Medical Cen

Occupation

Senior Vice President and Chief Medica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2013

Transaction ID : 21003303

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Dennis C Millirons FACHE

Mailing Address 801 Broadway North

City	State	Zip Code
Fargo	ND	58122-0001

FEC ID number of contributing federal political committee.

C

Name of Employer

Sanford Medical Center Fargo

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2013

Transaction ID : 21003313

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City	State	Zip Code
Concord	NH	03301-7300

FEC ID number of contributing federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2013

Transaction ID : 21003320

Amount of Each Receipt this Period

45.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

645.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Paula Minnehan

Mailing Address 283 Gallopin Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

07 / 01 / 2013

Transaction ID : 21003321

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

B. Ms. Leslie K. Melby

Mailing Address 375 Farrington Colner Road

City

Hopkinton

State

NH

Zip Code

03229-2021

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

07 / 01 / 2013

Transaction ID : 21003322

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

c. Mr. Stephen P Dexter

Mailing Address 7 Stony Point

City

Charleston

State

WV

Zip Code

25314-1663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 02 / 2013

Transaction ID : 21003333

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

532.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Dianne J. Anderson MS, RN

Mailing Address 330 Brookline Avenue
Mail Stop ST221

City State Zip Code
Boston MA 02215-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lawrence General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 21003757

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Ms. Debra K Boardman FACHE

Mailing Address 750 East 34th Street

City State Zip Code
Hibbing MN 55746-2341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Range Regional Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21003761

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Steven Gautney

Mailing Address 1236 US Hwy 41 S

City State Zip Code
Vienna GA 31092-7740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crisp Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21003765

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gregory A Hurst

Mailing Address 2001 Peachtree Road NE, Suite 400

City State Zip Code
 Atlanta GA 30309-1476

FEC ID number of contributing federal political committee.

C

Name of Employer

Piedmont Healthcare

Occupation

President Finance and Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 02 2013

Transaction ID : 21003767

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Candice Saunders

Mailing Address 677 Church Street

City State Zip Code
 Marietta GA 30060-1101

FEC ID number of contributing federal political committee.

C

Name of Employer

WellStar Kennestone Hospital

Occupation

Senior Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 02 2013

Transaction ID : 21003768

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen C Shepherd

Mailing Address PO Box 1052

City State Zip Code
 Statesboro GA 30459-1052

FEC ID number of contributing federal political committee.

C

Name of Employer

Candler County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 02 2013

Transaction ID : 21003769

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Thompson

Mailing Address P O Box 6000

City

Rapid City

State

SD

Zip Code

57709-6000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rapid City Regional Hospital

Occupation

Vice President Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2013

Transaction ID : 21003859

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Kelby K Krabbenhoft

Mailing Address PO Box 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2013

Transaction ID : 21003932

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert W Ladenburger

Mailing Address 2420 West 26th Avenue, Suite 100-D

City

Denver

State

CO

Zip Code

80211-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer

SCL Health System

Occupation

Executive Vice President Hospital Oper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2013

Transaction ID : 21004576

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Linda Thorpe

Mailing Address 2400 West Edison Street

City State Zip Code
 Brush CO 80723-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Morgan County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 08 / 2013

Transaction ID : 21004577

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Rulon F Stacey PhD, FACHE

Mailing Address 2315 East Harmony Road, Suite 200

City State Zip Code
 Fort Collins CO 80528-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 08 / 2013

Transaction ID : 21004582

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael Slubowski

Mailing Address 2420 West 26th Avenue, Suite 100-D

City State Zip Code
 Denver CO 80211-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Exempla Healthcare, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 08 / 2013

Transaction ID : 21004584

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael T Baxter

Mailing Address 400 West 16th Street

City

Pueblo

State

CO

Zip Code

81003-2781

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2013

Transaction ID : 21004588

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Konnie Martin

Mailing Address 106 Blanca Avenue

City

Alamosa

State

CO

Zip Code

81101-2340

FEC ID number of contributing
federal political committee.

C

Name of Employer

San Luis Valley Regional Medical Cente

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2013

Transaction ID : 21004593

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. John T Porter

Mailing Address 3900 West Avera Drive, Suite 301

City

Sioux Falls

State

SD

Zip Code

57108-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21004626

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Greg E. Boattenhamer

Mailing Address 100 East Grand Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Sr. Vice President, Government Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21004628

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven P Baumert

Mailing Address P O Box 2C

City State Zip Code
Council Bluffs IA 51502-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Jennie Edmundson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21004711

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Pamela K Delagardelle

Mailing Address 201 East 'J' Avenue

City State Zip Code
Grundy Center IA 50638-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer

UnityPoint Health Allen

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21004712

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1650.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rebecca Anthony

Mailing Address 100 East Grand Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21004713

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ms. Laura Malone

Mailing Address 100 East Grand Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director of Nursing & Clinical Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21004916

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Perry J. Meyer

Mailing Address 1920 SE Olson Drive

City State Zip Code
Waukee IA 50263-8180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21004917

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. J Kirk Norris

Mailing Address 100 East Grand Avenue, Suite 100

City State Zip Code
Des Moines IA 50309-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Hospital Association

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : 21004918

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Arthur John Spies II

Mailing Address 100 E. Grand Ave. Suite 100

City State Zip Code
Des Moines IA 50309-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Hospital Association

Occupation
Senior Vice President, Membership Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : 21004919

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Dennis A. White

Mailing Address 100 East Graham Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : 21004931

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sandra L. McIntosh RN, MA, CN

Mailing Address 1208 Woodland Dr. SE

City State Zip Code
 Cedar Rapids IA 52403-9076

FEC ID number of contributing federal political committee.

C

Name of Employer

UnityPoint Health St. Luke's

Occupation

Director, Emergency Medical/Surgical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 02 2013

Transaction ID : 21004933

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Claude W Harbarger

Mailing Address 969 Lakeland Drive

City State Zip Code
 Jackson MS 39216-4606

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Dominic-Jackson Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 03 2013

Transaction ID : 21005219

Amount of Each Receipt this Period

127.50

Full Name (Last, First, Middle Initial)

C. Mr. Ray Humphreys

Mailing Address 2124 14th St.

City State Zip Code
 Meridian MS 39301-4040

FEC ID number of contributing federal political committee.

C

Name of Employer

Anderson Regional Medical Center

Occupation

President/Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 03 2013

Transaction ID : 21005220

Amount of Each Receipt this Period

565.00

SUBTOTAL of Receipts This Page (optional)..... ►

942.50

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas A Jones

Mailing Address P O Box 909

City
Picayune

State
MS

Zip Code
39466-0909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highland Community Hospital

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 03 / 2013

Transaction ID : 21005221

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Randy King

Mailing Address 7601 Southcrest Parkway

City

Southaven

State

MS

Zip Code

38671-4739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Memorial Health Care Corporati

Occupation

Vice President Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.50

Date of Receipt

07 / 03 / 2013

Transaction ID : 21005244

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Lee McCall

Mailing Address P O Box 1288

City

Prentiss

State

MS

Zip Code

39474-1288

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winston Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.50

Date of Receipt

07 / 03 / 2013

Transaction ID : 21005245

Amount of Each Receipt this Period

180.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

680.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Julie McNeese

Mailing Address 116 Woodgreen Crossing

City State Zip Code
 Madison MS 39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer

MHA Solutions, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

MM / DD / YYYY
 07 / 03 / 2013

Transaction ID : 21005246

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Mrs. Shawn Rossi

Mailing Address 116 Woodgreen Crossing

City State Zip Code
 Madison MS 39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

VP for Marketing & Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.64

Date of Receipt

MM / DD / YYYY
 07 / 03 / 2013

Transaction ID : 21005343

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Mr. Wallace Strickland

Mailing Address 1314 19th Avenue

City State Zip Code
 Meridian MS 39301-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rush Health Systems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 07 / 03 / 2013

Transaction ID : 21005344

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Herb B. Kuhn

Mailing Address 5310 Saddlebrooke Lane

City State Zip Code
 Lohman MO 65053-9353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 01 2013

Transaction ID : 21005835

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City State Zip Code
 Jefferson City MO 65109-9782

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 01 2013

Transaction ID : 21005836

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Glenn F. Brown

Mailing Address 16651 Highway V

City State Zip Code
 Diamond MO 64840-8317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Freeman Health System

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 01 2013

Transaction ID : 21005845

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sue Cox

Mailing Address P O Box 2511

City

Baton Rouge

State

LA

Zip Code

70821-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baton Rouge General Medical Center

Occupation

Director/Board of Trustees

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	3

Transaction ID : 21006072

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Dr. Evelyn Hayes MD

Mailing Address P O Box 2511

City

Baton Rouge

State

LA

Zip Code

70821-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baton Rouge General Medical Center

Occupation

Interim President and Chief Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	3

Transaction ID : 21006073

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. John J Finan Jr FACHE

Mailing Address 4200 Essen Lane

City

Baton Rouge

State

LA

Zip Code

70809-2196

FEC ID number of contributing
federal political committee.

C

Name of Employer

Franciscan Missionaries of Our Lady He

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	3

Transaction ID : 21006074

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Milton D Bourgeois Jr

Mailing Address 4608 Highway 1

City

Raceland

State

LA

Zip Code

70394-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner St. Anne General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006075

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Phyllis Peoples MSN, RN

Mailing Address P O Box 6037

City

Houma

State

LA

Zip Code

70361-6037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Terrebonne General Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006076

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mrs. Cindy J Rogers FACHE

Mailing Address 3421 Medical Park Drive

City

Monroe

State

LA

Zip Code

71203-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Francis North Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006079

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Patrick Quinlan

Mailing Address 1514 Jefferson Highway

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oschner Clinic Foundation

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006080

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. James T Montgomery FACHE

Mailing Address 1401 Foucher Street

City

New Orleans

State

LA

Zip Code

70115-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Touro Infirmary

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006081

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mr. Clifford M Broussard FACHE

Mailing Address 2400 Hospital Drive

City

Bossier City

State

LA

Zip Code

71111-2385

FEC ID number of contributing
federal political committee.

C

Name of Employer

WK Bossier Health Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006082

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James K Elrod FACHE

Mailing Address 2600 Greenwood Road

City

Shreveport

State

LA

Zip Code

71130-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Willis-Knighton Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : 21006083

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Venkat Banda MD

Mailing Address 17000 Medical Center Drive, 3rd Fl

City

Baton Rouge

State

LA

Zip Code

70816-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Promise Hospital of Baton Rouge - Ochs

Occupation

President Medical Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : 21006092

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark E Marley FACHE

Mailing Address P O Box 2009

City

Natchitoches

State

LA

Zip Code

71457-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Opelousas General Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : 21006093

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James E Cathey Jr

Mailing Address PO Box 2668

City

Hammond

State

LA

Zip Code

70404-2668

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Oaks Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : 21006094

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ms. Evalyn Ormond

Mailing Address P O Box 398

City

Farmerville

State

LA

Zip Code

71241-0398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : 21006095

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Ricardo Guevara

Mailing Address 200 Henry Clay Avenue

City

New Orleans

State

LA

Zip Code

70118-5798

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital

Occupation

Vice President Legal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : 21006096

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John C Neal

Mailing Address P O Box 1670

City
Kinder

State
LA

Zip Code
70648-1670

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hood Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006173

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. M. Bryan Day

Mailing Address 3600 Florida Boulevard, 4th Floor

City

Baton Rouge

State

LA

Zip Code

70806-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Promise Hospital of Baton Rouge - Mid-

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006174

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Timothy O Coffey

Mailing Address 1701 Oak Park Boulevard

City

Lake Charles

State

LA

Zip Code

70601-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Charles Memorial Hospital

Occupation

Senior Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006175

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brandon J Moore

Mailing Address 901 Wilson Street

City

Lafayette

State

LA

Zip Code

70503-2439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park Place Surgical Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006176

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. J William Hankins FACHE

Mailing Address P O Box 2509

City

Sulphur

State

LA

Zip Code

70664-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Calcasieu Cameron Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006177

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Donna Shields

Mailing Address 1701 Oak Park Boulevard

City

Lake Charles

State

LA

Zip Code

70601-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Charles Memorial Hospital

Occupation

VP Patient Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006178

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

725.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr David Usher , FACHE

Mailing Address P O Drawer 'M'

City

Lake Charles

State

LA

Zip Code

70602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Charles Memorial Hospital

Occupation

Senior Vice President, Business Develo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006179

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Mr. Charles P Whitson CPA

Mailing Address 1701 Oak Park Boulevard

City

Lake Charles

State

LA

Zip Code

70601-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Charles Memorial Hospital

Occupation

Senior Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006180

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

c. Ms. Carol Beck McCullough

Mailing Address 1001 Gause Boulevard

City

Slidell

State

LA

Zip Code

70458-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Slidell Memorial Hospital

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 21006281

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Berna Bell

Mailing Address 3216 Whitehead Rd.

City
Columbus

State
OH

Zip Code
43204-1856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Director, Fiscal Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21021244

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Eugene A Thorn III

Mailing Address 659 Boulevard

City
Dover

State
OH

Zip Code
44622-2077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union Hospital

Occupation

Vice President Finance and Chief Finan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21021248

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Patrick J Martin

Mailing Address 272 Benedict Avenue

City
Norwalk

State
OH

Zip Code
44857-2374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fisher-Titus Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21022082

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lori Johnston

Mailing Address 10410 River Rd.

City State Zip Code
 Grand Rapids OH 43522-9347

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ProMedica St. Luke's Hospital

Occupation
 Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 02 / 2013

Transaction ID : 21025798

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Daniel L Wakeman

Mailing Address 5901 Monclova Road

City State Zip Code
 Maumee OH 43537-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ProMedica St. Luke's Hospital

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 02 / 2013

Transaction ID : 21025903

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

C. Mr. Todd Anderson

Mailing Address 3965 Southern Boulevard

City State Zip Code
 Dayton OH 45429-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Grandview Medical Center

Occupation
 VP Finance/Operations & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 02 / 2013

Transaction ID : 21025907

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1375.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Terry M Burns

Mailing Address 2820 Woodview Dr
#3

City State Zip Code
Beavercreek OH 45431-7730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greene Memorial Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21025934

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven Chavez

Mailing Address 4761 Mad River RD

City State Zip Code
Kettering OH 45429-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greene Memorial Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21025935

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Roy G Chew PhD

Mailing Address 3535 Southern Boulevard

City State Zip Code
Kettering OH 45429-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Health Network

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21025937

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Teresa M Day

Mailing Address 4533 Southern Blvd

City

Kettering

State

OH

Zip Code

45429-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : 21025940

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard Haas FACHE

Mailing Address 405 Grand Avenue

City

Dayton

State

OH

Zip Code

45405-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grandview Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : 21025942

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Peter J King

Mailing Address 405 Grand Avenue

City

Dayton

State

OH

Zip Code

45405-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grandview Medical Center

Occupation

Vice President Finance and Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : 21025984

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Timothy Ko

Mailing Address 265 Reed Rd
Apt. L

City State Zip Code
Dayton OH 45440-4526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21025985

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. George Lewis

Mailing Address 3965 Southern Blvd

City State Zip Code
Kettering OH 45429-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21025986

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Clifton Patten

Mailing Address 2381 Shelterwood Dr.

City State Zip Code
Kettering OH 45409-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21025987

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark T. Smith JD, CPA

Mailing Address 540 Old Harbor Ct

City

Dayton

State

OH

Zip Code

45458-2878

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fort Hamilton Hospital

Occupation

Acting President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2013

Transaction ID : 21025988

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Sean McGlone

Mailing Address 155 East Broad Street

City

Columbus

State

OH

Zip Code

43215-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Senior Vice President, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2013

Transaction ID : 21026017

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Ms. Kathleen S Hanley

Mailing Address 1801 Richards Road

City

Toledo

State

OH

Zip Code

43607-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer

ProMedica Flower Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2013

Transaction ID : 21027696

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stanley R Korducki

Mailing Address 950 West Wooster Street

City State Zip Code
Bowling Green OH 43402-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wood County Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.50

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21027705

Amount of Each Receipt this Period

582.50

Full Name (Last, First, Middle Initial)

B. Mr. Fred M Manchur

Mailing Address 3965 Southern Boulevard

City State Zip Code
Dayton OH 45429-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Health Network

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 21027709

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Ms. Antoinette Hardy-Waller

Mailing Address 3 Gianna Ct

City State Zip Code
Flossmoor IL 60422-1986

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Dimensions Group

Occupation
Vice President, Strategic Health Syste

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : 21028885

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1732.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Tina Weatherwax Grant

Mailing Address 2654 Loon lane

City

Okemos

State

MI

Zip Code

48864-3350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinity Health

Occupation

VP, Public Policy and State Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2013

Transaction ID : 21028897

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Philip A Incarnati

Mailing Address G3235 Beecher Road, Suite B

City

Flint

State

MI

Zip Code

48532-3650

FEC ID number of contributing
federal political committee.

C

Name of Employer

McLaren Health Care Corporation

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2013

Transaction ID : 21028898

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Dr. Brian D. Schroeder MD

Mailing Address 1160 S Iva Rd

City

Hemlock

State

MI

Zip Code

48626-8762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sparrow Hospital

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2013

Transaction ID : 21028902

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas G Owen MD

Mailing Address 609 Imperial Lakes Dr

City

Richmond

State

KY

Zip Code

40475-8075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Richmond

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 21028906

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Charles D Lovell Jr FACHE

Mailing Address P O Box 410

City

Princeton

State

KY

Zip Code

42445-0410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Caldwell Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 21028907

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Vicky McFall

Mailing Address 529 Capp Harlan Road

City

Tompkinsville

State

KY

Zip Code

42167-1808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Monroe County Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 21028908

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Nina W Eisner

Mailing Address 3050 Rio Dosa Drive

City

Lexington

State

KY

Zip Code

40509-9990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ridge Behavioral Health System

Occupation

Chief Executive Officer and Managing D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 21028909

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Elizabeth G. Cobb

Mailing Address P.O. Box 436629

City

Louisville

State

KY

Zip Code

40205-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Director of Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 21028910

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Ms. Kim J. Dees

Mailing Address 2501 Nelson Miller Parkway
Post Office Box 436629

City

Louisville

State

KY

Zip Code

40223-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Executive Dir, Center for Health Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 21028911

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Paige Franklin

Mailing Address 404 Kaelin Drive

City

Louisville

State

KY

Zip Code

40207-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President, Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 21028912

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. Ms. Nancy C. Galvagni

Mailing Address 2501 Nelson Miller Parkway

City

Louisville

State

KY

Zip Code

40223-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 21028913

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen P. Miller

Mailing Address 1101 Cardinal Drive

City

Louisville

State

KY

Zip Code

40253-6629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 21028914

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

720.00

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for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sarah S. Nicholson

Mailing Address 2501 Nelson Miller Parkway

City State Zip Code
 Louisville KY 40223-2221

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 09 2013

Transaction ID : 21028915

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. Ms. Carol J. Walters

Mailing Address Post Office Box 436629

City State Zip Code
 Louisville KY 40253-6629

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 09 2013

Transaction ID : 21028916

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Mr. Charles J. Warnick

Mailing Address 120 Hilltop Meadow

City State Zip Code
 Frankfort KY 46001

FEC ID number of contributing federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Director of Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 09 2013

Transaction ID : 21028917

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)..... ►

720.00

TOTAL This Period (last page this line number only)..... ►

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brian Brezosky

Mailing Address Post Office Box 436620

City

Louisville

State

KY

Zip Code

40253-6620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	3

Transaction ID : 21028918

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. Ms. Debbie Riley

Mailing Address 502 Trotwood Place

City

Louisville

State

KY

Zip Code

40245-4071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	3

Transaction ID : 21028919

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Mr. Matthew D Bailey FACHE

Mailing Address 4681 E. County Road 100 S.

City

Avon

State

IN

Zip Code

46123-8336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University Health West Hospita

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	3

Transaction ID : 21028925

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

980.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bradford W Dykes

Mailing Address 2533 E. Sailor Lane

City

Bloomington

State

IN

Zip Code

47401-8194

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University Health Bedford Hosp

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 12 / 2013

Transaction ID : 21028929

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Chris Karam

Mailing Address 12323 Saddle Court

City

Granger

State

IN

Zip Code

46530-9682

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Joseph Regional Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 12 / 2013

Transaction ID : 21028933

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Janice Ryba

Mailing Address 1437 Wellington Terrace

City

Munster

State

IN

Zip Code

46321-4367

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Mary Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 12 / 2013

Transaction ID : 21028938

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond W Snowden

Mailing Address 1920 Hillbrook Drive

City

Jasper

State

IN

Zip Code

47546-8455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital and Health Care Cent

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 12 / 2013

Transaction ID : 21028939

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul Usher

Mailing Address 637 Laura Lane
PO Box 97

City

Sweetser

State

IN

Zip Code

46987-0097

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marion General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 12 / 2013

Transaction ID : 21028941

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. David H. Wiesman

Mailing Address 4521 Hickory Grove Blvd.

City

Greenwood

State

IN

Zip Code

46143-7448

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 12 / 2013

Transaction ID : 21028943

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lisa Cline

Mailing Address P O Box 1000

City

Fishersville

State

VA

Zip Code

22939-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Augusta Health

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 21028953

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard Denman

Mailing Address 1040 Spotswood Ave
#204

City

Norfolk

State

VA

Zip Code

23507-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours Hampton Roads

Occupation

Director Clinical Business

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 21028954

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Carol Flynn

Mailing Address 120 50th Street

City

Virginia Beach

State

VA

Zip Code

23451-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President Marketing/Communication

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 21028956

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Leana Fox

Mailing Address 850 Crawford Parkway

City Portsmouth State VA Zip Code 23704-2304

FEC ID number of contributing federal political committee.

C

Name of Employer

Bon Secours Maryview Medical Center

Occupation

CNE/Vice President, Patient Care Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 09 / 2013

Transaction ID : 21028957

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen B Heatwole

Mailing Address 637 Locust Ave

City Waynesboro State VA Zip Code 22980-4416

FEC ID number of contributing federal political committee.

C

Name of Employer

Augusta Health

Occupation

Vice President Planning and Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 09 / 2013

Transaction ID : 21028959

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms Vickie Kleski

Mailing Address 3020 Ribuiys Crissubg Dr

City Midlothian State VA Zip Code 23113

FEC ID number of contributing federal political committee.

C

Name of Employer

Bon Secours-Richmond Community Hospita

Occupation

Vice President Revenue

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 09 / 2013

Transaction ID : 21028960

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James D Krauss

Mailing Address 2010 Health Campus Drive

City

Harrisonburg

State

VA

Zip Code

22801-3293

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockingham Memorial Hospital

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 21028987

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr Dean Morehouse

Mailing Address 8800 Pennsylvania Ave

City

Upper Marlboro

State

MD

Zip Code

20772-7312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Trustee

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 21028988

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Mr. Joseph M Oddis

Mailing Address 3636 High Street

City

Portsmouth

State

VA

Zip Code

23707-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours Maryview Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 21028989

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Vicky G. Gray

Mailing Address 653 Piney Point Rd.

City

Virginia Beach

State

VA

Zip Code

23452-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Senior Vice President, Systems Develop

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 21028992

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. David Maizel

Mailing Address 1281 Hebden Cove

City

Virginia Bch

State

VA

Zip Code

23452-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President, Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 21028993

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael Taylor

Mailing Address 533 Kings Grant Road

City

Virginia Beach

State

VA

Zip Code

23452-7051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 21028994

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Debra Ohnoutka BSN, MHA

Mailing Address 1000 Carondelet Drive

City

Kansas City

State

MO

Zip Code

64114-4673

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Medical Center

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 21029115

Amount of Each Receipt this Period

355.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathy D Moore

Mailing Address 5997 N. Cape Arago Place

City

Garden City

State

ID

Zip Code

83714-4022

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Luke's Regional Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 16 / 2013

Transaction ID : 21030461

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Sally E Jeffcoat

Mailing Address 2126 W Falcon Point Ct

City

Boise

State

ID

Zip Code

83703-4298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Alphonsus Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 16 / 2013

Transaction ID : 21030462

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.00

Date of Receipt

07 / 16 / 2013

Transaction ID : 21030463

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

B. Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

07 / 16 / 2013

Transaction ID : 21030464

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

C. Ms. Leslie K. Melby

Mailing Address 375 Farrington Colner Road

City

Hopkinton

State

NH

Zip Code

03229-2021

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

07 / 16 / 2013

Transaction ID : 21030465

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

77.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Larry Tisdale

Mailing Address 454 East Lake Creek

City

Meridian

State

ID

Zip Code

83642-4661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Idaho Hospital Association

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 15 / 2013

Transaction ID : 21030466

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. B J Swanson

Mailing Address 1121 Lamb Road

City

Troy

State

ID

Zip Code

83871-9619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gritman Medical Center

Occupation

Board Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 15 / 2013

Transaction ID : 21030467

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Toni Lawson

Mailing Address 5023 Rivervista Way

City

Boise

State

ID

Zip Code

83714-1979

FEC ID number of contributing
federal political committee.

C

Name of Employer

Idaho Hospital Association

Occupation

Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 15 / 2013

Transaction ID : 21030468

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ty W Erickson

Mailing Address 1175 Nininger Road

City

Hastings

State

MN

Zip Code

55033-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regina Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2013

Transaction ID : 21030491

Amount of Each Receipt this Period

850.00

Full Name (Last, First, Middle Initial)

B. Ms. Deb Fischer-Clemens

Mailing Address 3217 W Zephyr Pl #1

City

Sioux Falls

State

SD

Zip Code

57108-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Vice President Center for Public Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2013

Transaction ID : 21030492

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard Korman

Mailing Address 3509 W 8th St.
Apt. 204

City

Sioux Falls

State

SD

Zip Code

57108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Senior Vice President-General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2013

Transaction ID : 21030493

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ken J Bacon

Mailing Address 11507 W. 159th Terr.

City

Overland Park

State

KS

Zip Code

66062-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shawnee Mission Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2013

Transaction ID : 21030500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Bernard H. Becker MA, SPHR

Mailing Address 1500 SW Tenth Avenue

City

Topeka

State

KS

Zip Code

66604-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Vice President and Chief Human Resourc

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2013

Transaction ID : 21030501

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Judy Corzine

Mailing Address 3621 SW Woodvalley Place

City

Topeka

State

KS

Zip Code

66614-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Administrative Director and Chief Info

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2013

Transaction ID : 21030507

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin J. Han

Mailing Address 6200 SW 34th Terr.

City	State	Zip Code
Topeka	KS	66614-4667

FEC ID number of contributing federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Director, Financial Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2013

Transaction ID : 21030586

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kent Palmberg MD

Mailing Address 1500 SW Tenth Avenue

City	State	Zip Code
Topeka	KS	66604-1301

FEC ID number of contributing federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Senior Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2013

Transaction ID : 21030717

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Randall Peterson

Mailing Address 1500 SW Tenth Avenue

City	State	Zip Code
Topeka	KS	66604-1301

FEC ID number of contributing federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2013

Transaction ID : 21030722

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1000.00

TOTAL This Period (last page this line number only)..... ▶

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Janet Stanek

Mailing Address 6755 SW Dancastr Road

City State Zip Code
 Topeka KS 66610-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 07 / 10 / 2013

Transaction ID : 21030735

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Deb Fischer-Clemens

Mailing Address 3217 W Zephyr Pl #1

City State Zip Code
 Sioux Falls SD 57108-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Vice President Center for Public Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
 07 / 16 / 2013

Transaction ID : 21030760

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. Mr. Steven J Simonin

Mailing Address 1316 South Main Street

City State Zip Code
 Clarion IA 50525-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Specialty Hospital-Clarion

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 07 / 16 / 2013

Transaction ID : 21030762

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

925.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rebecca Anthony

Mailing Address 100 East Grand Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2013

Transaction ID : 21030764

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ms. Maureen Keehnle

Mailing Address 100 East Grand Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2013

Transaction ID : 21030765

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Ms. Laura Malone

Mailing Address 100 East Grand Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director of Nursing & Clinical Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2013

Transaction ID : 21030766

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Perry J. Meyer

Mailing Address 1920 SE Olson Drive

City

Waukee

State

IA

Zip Code

50263-8180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 16 / 2013

Transaction ID : 21030767

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. J Kirk Norris

Mailing Address 100 East Grand Avenue, Suite 100

City

Des Moines

State

IA

Zip Code

50309-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 16 / 2013

Transaction ID : 21030768

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Arthur John Spies II

Mailing Address 100 E. Grand Ave. Suite 100

City

Des Moines

State

IA

Zip Code

50309-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President, Membership Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 16 / 2013

Transaction ID : 21030769

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dennis A. White

Mailing Address 100 East Graham Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2013

Transaction ID : 21030770

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Bradley Chambers

Mailing Address 1512 Apple Croft Lane

City State Zip Code
Cockeysville MD 21030-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Union Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : 21032760

Amount of Each Receipt this Period

340.00

Full Name (Last, First, Middle Initial)

C. Mr. David H. Feess

Mailing Address 1219 Wildbriar Drive

City State Zip Code
Liberty MO 64068-4005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Liberty Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2013

Transaction ID : 21033242

Amount of Each Receipt this Period

850.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1290.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steven D Sonenreich

Mailing Address 5775 SW 131 Terrace

City
Miami

State
FL

Zip Code
33156-7261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 21033292

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Allen S Weiss MD

Mailing Address 1221 Gulf Shore Blvd N
Apt 2

City
Naples

State
FL

Zip Code
34102-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer

NCH Downtown Naples Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 21033299

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mr. Hugh Greene

Mailing Address 3518 Hilliard Road

City
Jacksonville

State
FL

Zip Code
32217-4258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 21033300

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Lay

Mailing Address 1927 Watermere Lane

City

Windermere

State

FL

Zip Code

34786-6120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital

Occupation

Vice President, Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 21033301

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Christopher Martorella MSN, RN, N

Mailing Address 36 Choctaw Trl

City

Ormond Beach

State

FL

Zip Code

32174-4347

FEC ID number of contributing
federal political committee.

C

Name of Employer

QHR

Occupation

Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 21033304

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Fleury Yelvington

Mailing Address 18th West 5th Street

City

Parkville

State

MO

Zip Code

64152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carondelet Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 17 / 2013

Transaction ID : 21033457

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Annette Small RN

Mailing Address 2429 NE Indian Circle

City

Lees Summit

State

MO

Zip Code

64086-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Mary's Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

07 / 17 / 2013

Transaction ID : 21033458

Amount of Each Receipt this Period

355.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael A Dorsey FACHE

Mailing Address 26303 West 111th Terrace

City

Olathe

State

KS

Zip Code

66061-8434

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

07 / 17 / 2013

Transaction ID : 21033459

Amount of Each Receipt this Period

290.00

Full Name (Last, First, Middle Initial)

C. Mr. Ronald R Peterson

Mailing Address 1403 Lytham Court

City

Bel Air

State

MD

Zip Code

21015-5691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

07 / 19 / 2013

Transaction ID : 21033476

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Deb Fischer-Clemens

Mailing Address 3217 W Zephyr Pl #1

City

Sioux Falls

State

SD

Zip Code

57108-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Vice President Center for Public Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2013

Transaction ID : 21033527

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Hansen

Mailing Address 3767 37th Ave

City

Columbus

State

NE

Zip Code

68601-3086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbus Community Hospital

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2013

Transaction ID : 21033529

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Sharon Lind

Mailing Address 7 Reimer Rd.

City

Ogallala

State

NE

Zip Code

69153-2465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ogallala Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2013

Transaction ID : 21033558

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

675.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Fred Slunecka

Mailing Address 7200 S Burleigh Cir

City

Sioux Falls

State

SD

Zip Code

57108-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2013

Transaction ID : 21033581

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Mr. James Ulrich Jr.

Mailing Address 2117 Blake Dr

City

McCook

State

NE

Zip Code

69001-1328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2013

Transaction ID : 21033582

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City

Quincy

State

IL

Zip Code

62301-6380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blessing Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2013

Transaction ID : 21033778

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1625.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Debbie A Dalpoas

Mailing Address One Choctaw Way

City

Talihina

State

OK

Zip Code

74571-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Choctaw Nation Health Care Center

Occupation

Director, Quality Patient Outcomes

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 22 / 2013

Transaction ID : 21033779

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Mr. Patrick Gallagher

Mailing Address P O Box 3015

City

Naperville

State

IL

Zip Code

60566-7015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

VP, Health Delivery and Payment System

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 22 / 2013

Transaction ID : 21033780

Amount of Each Receipt this Period

1400.00

Full Name (Last, First, Middle Initial)

C. Ms. Monica Heenan

Mailing Address 2300 Children's Plaza #138

City

Chicago

State

IL

Zip Code

60614-3363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ann & Robert H. Lurie Children's Hospi

Occupation

Chief Ambulatory Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 22 / 2013

Transaction ID : 21033781

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary E Kaatz

Mailing Address 2400 North Rockton Avenue

City

Rockford

State

IL

Zip Code

61103-3692

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2013

Transaction ID : 21033782

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Dr. James C Leonard , M.D.

Mailing Address 611 West Park Street

City

Urbana

State

IL

Zip Code

61801-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carle Foundation Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2013

Transaction ID : 21033832

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

c. Dr. Nancy M Newby RN, PhD, F

Mailing Address 705 South Grand Avenue

City

Nashville

State

IL

Zip Code

62263-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington County Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2013

Transaction ID : 21033833

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth G Reid

Mailing Address 20733 North Broad Street

City

Carlinville

State

IL

Zip Code

62626-1499

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carlinville Area Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	2		2	0	1	3		

Transaction ID : 21033834

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Ruggles

Mailing Address 2400 North Rockton Avenue

City

Rockford

State

IL

Zip Code

61103-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Memorial Hospital

Occupation

Chief Physician Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	2		2	0	1	3		

Transaction ID : 21033836

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert G Senneff FACHE

Mailing Address 210 West Walnut Street

City

Canton

State

IL

Zip Code

61520-2497

FEC ID number of contributing
federal political committee.

C

Name of Employer

Graham Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	2		2	0	1	3		

Transaction ID : 21033837

Amount of Each Receipt this Period

1800.00

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Harry Wolin

Mailing Address P O Box 530

City

Havana

State

IL

Zip Code

62644-0530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mason District Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2013

Transaction ID : 21033838

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen C Yosko

Mailing Address P O Box 795

City

Wheaton

State

IL

Zip Code

60187-0795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marianjoy Rehabilitation Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2013

Transaction ID : 21033839

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mr. David Hamm

Mailing Address 200 Exempla Circle

City

Lafayette

State

CO

Zip Code

80026-3370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Exempla Good Samaritan Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : 21033841

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Marilyn Schock

Mailing Address 1801 16th Street

City State Zip Code
 Greeley CO 80631-5154

FEC ID number of contributing federal political committee.

C

Name of Employer
 McKee Medical Center

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 19 2013

Transaction ID : 21033847

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Arlene Harms

Mailing Address 310 County Road 14

City State Zip Code
 Del Norte CO 81132-8719

FEC ID number of contributing federal political committee.

C

Name of Employer
 Rio Grande Hospital

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 19 2013

Transaction ID : 21033848

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Kent Helwig

Mailing Address 1311 North Mildred Road

City State Zip Code
 Cortez CO 81321-2231

FEC ID number of contributing federal political committee.

C

Name of Employer
 Southwest Memorial Hospital

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 19 2013

Transaction ID : 21033850

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Gessel FACHE

Mailing Address 1850 Bluegrass Avenue

City

Louisville

State

KY

Zip Code

40215-1199

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 21033853

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey A Thompson

Mailing Address 12605 East 16th Avenue

City

Aurora

State

CO

Zip Code

80045-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Hospital

Occupation

Director Government and Corporate Rela

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 21033860

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael L Fordyce

Mailing Address 3425 South Clarkson Street

City

Englewood

State

CO

Zip Code

80113-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Craig Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 21033863

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David L Bernd

Mailing Address 6015 Poplar Hall Drive

City

Norfolk

State

VA

Zip Code

23502-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 23 / 2013

Transaction ID : 21033877

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary L Blunt

Mailing Address 801 Hidden Harbor Ct.

City

Chesapeake

State

VA

Zip Code

23322-7076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Corporate Vice President and Administr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 23 / 2013

Transaction ID : 21033878

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Peggy J. Braun

Mailing Address 3116 Yeates Lane

City

Virginia Beach

State

VA

Zip Code

23452-6117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Virginia Beach General Hospita

Occupation

Vice President, Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 23 / 2013

Transaction ID : 21033879

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Joanne P Conaty

Mailing Address 6015 Poplar Hall Dr

City

Norfolk

State

VA

Zip Code

23502-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President, Employee Relations/Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 21033880

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Ramon Darcey

Mailing Address 535 Independence Parkway
Suite 200

City

Chesapeake

State

VA

Zip Code

23320-5176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 21033882

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Eileen Dohmann

Mailing Address 6508 Flowerdew Hundred Ct.

City

Centreville

State

VA

Zip Code

20120-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Washington Hospital

Occupation

Vice President, Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 21033883

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Dudley

Mailing Address 708 Fordsmere Ct

City

Chesapeake

State

VA

Zip Code

23322-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Corporate Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	23	/	2013

Transaction ID : 21033887

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Teresa Edwards

Mailing Address 1519 Peyton Ln

City

Chesapeake

State

VA

Zip Code

23320-7671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Leigh Hospital

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	23	/	2013

Transaction ID : 21033888

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr Lester R Eljaiek

Mailing Address 1201 Althea Ct

City

Chesapeake

State

VA

Zip Code

23322-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Vice President Hospital Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	23	/	2013

Transaction ID : 21033889

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John L Fitzgerald

Mailing Address 3433 Fawn Wood Lane

City	State	Zip Code
Fairfax	VA	22033-1640

FEC ID number of contributing federal political committee.

C

Name of Employer
Inova Fair Oaks Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2013

Transaction ID : 21033890

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Debra A Flores

Mailing Address 3000 Coliseum Drive

City	State	Zip Code
Hampton	VA	23666-5963

FEC ID number of contributing federal political committee.

C

Name of Employer
Sentara CarePlex Hospital

Occupation
President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2013

Transaction ID : 21033891

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Connie Garnett

Mailing Address 1505 Powhatan Ct

City	State	Zip Code
Norfolk	VA	23508-1021

FEC ID number of contributing federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation
Vice President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2013

Transaction ID : 21033892

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael V Gentry

Mailing Address 1328 Murray Drive

City

Chesapeake

State

VA

Zip Code

23322-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Corporate Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 21033893

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Dr. Steve Julian

Mailing Address 506 Founders Pointe Trail

City

Carrollton

State

VA

Zip Code

23314-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Obici Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 21033898

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeff King

Mailing Address 925 Ditchley Rd

City

Virginia Beach

State

VA

Zip Code

23451-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Leigh Hospital

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 21033899

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Darleen Mastin

Mailing Address 4748 Totteridge Lane

City State Zip Code
 Virginia Beach VA 23462

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Sr. Vice President/COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 23 / 2013

Transaction ID : 21033900

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. William McGuire

Mailing Address 3332 Woodburn Village Dr
 #14

City State Zip Code
 Annandale VA 22003-6871

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 23 / 2013

Transaction ID : 21033901

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Mr. Patrick B Nolan

Mailing Address 1000 North Shenandoah Avenue

City State Zip Code
 Front Royal VA 22630-3547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Warren Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 23 / 2013

Transaction ID : 21033903

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Megan Philpotts Padden MBA

Mailing Address 4417 Corporation Lane

City

Virginia Beach

State

VA

Zip Code

23462-3162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President, Government Programs &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 21033905

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Sylvia Richendollar

Mailing Address 5466 Hunt Club Drive

City

Virginia Beach

State

VA

Zip Code

23462-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Director Laboratory Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 21033910

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Gerald Seager

Mailing Address 7509 Mendota Place

City

Springfield

State

VA

Zip Code

22150-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 21033911

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. J Knox Singleton

Mailing Address 8110 Gatehouse Road

City

Falls Church

State

VA

Zip Code

22042-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 21033912

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Phyllis Stoneburner

Mailing Address 4544 Miarfield Circle

City

Chesapeake

State

VA

Zip Code

23321-4262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Obici Hospital

Occupation

Vice President, Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 21033913

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Connie Thompson-Bodkin

Mailing Address 1845 Rein Lane

City

Virginia Beach

State

VA

Zip Code

23456-6932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 21033914

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Deb Fischer-Clemens

Mailing Address 3217 W Zephyr Pl #1

City

Sioux Falls

State

SD

Zip Code

57108-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Vice President Center for Public Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 21033920

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Ms. Danielle Hamann

Mailing Address 3900 West Avera Drive

City

Sioux Falls

State

SD

Zip Code

57108-5717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Public Policy Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.50

Date of Receipt

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 21033921

Amount of Each Receipt this Period

28.50

Full Name (Last, First, Middle Initial)

C. Mr. Eric C Hilmo

Mailing Address 440 North Hiawatha Drive

City

Canton

State

SD

Zip Code

57013-5800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Canton-Inwood Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 21033922

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

453.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Todd Forkel

Mailing Address 305 South State Street

City

Aberdeen

State

SD

Zip Code

57401-4527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera St. Luke's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 23 / 2013

Transaction ID : 21033925

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul D Hanson

Mailing Address 1305 West 18th Street

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford USD Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 23 / 2013

Transaction ID : 21033926

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Fred Slunecka

Mailing Address 7200 S Burleigh Cir

City

Sioux Falls

State

SD

Zip Code

57108-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 23 / 2013

Transaction ID : 21033929

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey S Drop

Mailing Address 4816 Amber Valley Parkway

City State Zip Code
 Fargo ND 58104-8404

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Catholic Health Initiatives

Occupation
 SVP Division Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 07 / 26 / 2013

Transaction ID : 21036193

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Douglas S. Vang

Mailing Address 2690 58th Avenue

City State Zip Code
 Greeley CO 80634-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer
 North Colorado Medical Center

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 07 / 29 / 2013

Transaction ID : 21036200

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Max Jackson MD

Mailing Address 77 Pringle Way

City State Zip Code
 Reno NV 89502-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Renown South Meadows Medical Center

Occupation
 Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 07 / 23 / 2013

Transaction ID : 21036202

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.50

Date of Receipt

07 / 29 / 2013

Transaction ID : 21036203

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

B. Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 29 / 2013

Transaction ID : 21036204

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

C. Ms. Leslie K. Melby

Mailing Address 375 Farrington Colner Road

City

Hopkinton

State

NH

Zip Code

03229-2021

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 29 / 2013

Transaction ID : 21036205

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

77.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Doris Kirchner

Mailing Address 181 W. Meadow Drive

City State Zip Code
Vail CO 81657-5242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vail Valley Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2013

Transaction ID : 21036214

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. George E Hayes FACHE

Mailing Address 2500 Rocky Mountain Avenue

City State Zip Code
Loveland CO 80538-9004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of the Rockies

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2013

Transaction ID : 21040786

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Sharon H Pappas RN, PhD, N

Mailing Address 6978 Estes Dr

City State Zip Code
Arvada CO 80004-1750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Porter Adventist Hospital

Occupation
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2013

Transaction ID : 21040787

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bruce Schroffel

Mailing Address 12605 East 16th Avenue

City

Aurora

State

CO

Zip Code

80045-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 29 / 2013

Transaction ID : 21040799

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Larry L Dupper

Mailing Address 1906 Blake Avenue

City

Glenwood Springs

State

CO

Zip Code

81601-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley View Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 29 / 2013

Transaction ID : 21040805

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Gary L Brewer

Mailing Address 1906 Blake Avenue

City

Glenwood Springs

State

CO

Zip Code

81601-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley View Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 29 / 2013

Transaction ID : 21040806

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Randall L Haffner PhD

Mailing Address 9395 Crown Crest Boulevard

City State Zip Code
Parker CO 80138-8573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Porter Adventist Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2013

Transaction ID : 21040811

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Russell

Mailing Address 9670 SE 257 Ave

City State Zip Code
Damascus OR 97089-6353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2013

Transaction ID : 21041093

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Roy G Vinyard FACHE

Mailing Address 2650 Siskiyou Boulevard, Suite 200

City State Zip Code
Medford OR 97504-8170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Asante Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2013

Transaction ID : 21041094

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert Houser FACHE

Mailing Address 170 Ford Road

City

John Day

State

OR

Zip Code

97845-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Mountain Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	3

Transaction ID : 21041095

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Dennis E Burke

Mailing Address 610 NW 11th Street

City

Hermiston

State

OR

Zip Code

97838-6601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Good Shepherd Health Care System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	3

Transaction ID : 21041096

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. George J Brown , M.D.

Mailing Address 376 NW 81st Pl

City

Portland

State

OR

Zip Code

97229-6777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	3

Transaction ID : 21041097

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Gina Cole-Plasker

Mailing Address 17555 NW Waltuck Ct

City

Portland

State

OR

Zip Code

97229-8530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Gov. Affairs Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 29 / 2013

Transaction ID : 21041098

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Robin Moody

Mailing Address 8553 SW 8th Ave

City

Portland

State

OR

Zip Code

97219-4577

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Director of Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 29 / 2013

Transaction ID : 21041100

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mr. Peter F Rapp

Mailing Address 3181 SW Sam Jackson Park Road

City

Portland

State

OR

Zip Code

97239-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU Hospital

Occupation

Vice President and Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 29 / 2013

Transaction ID : 21041101

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. MaryAnne McMurren RN

Mailing Address 1355 Ravenwood Drive

City

Eugene

State

OR

Zip Code

97401-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer

PeaceHealth Cottage Grove Community Me

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2013

Transaction ID : 21041102

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. David T Underiner

Mailing Address 2690 Surrey Lane

City

West Linn

State

OR

Zip Code

97068-2268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Health & Services

Occupation

Chief Executive Officer, Portland Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2013

Transaction ID : 21041103

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Norman F Gruber

Mailing Address 665 Winter SE

City

Salem

State

OR

Zip Code

97301-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Salem Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2013

Transaction ID : 21041104

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1850.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth Sherman

Mailing Address 5934 Skyline Rd South

City
SalemState
ORZip Code
97306-9432FEC ID number of contributing
federal political committee.

C

Name of Employer

Salem Health

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	3

Transaction ID : 21041105

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Becky A Pape MPA, RN

Mailing Address P O Box 739

City
LebanonState
ORZip Code
97355-0739FEC ID number of contributing
federal political committee.

C

Name of Employer

Samaritan Lebanon Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	3

Transaction ID : 21041106

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Jeff Absalon MD

Mailing Address 3229 NW Colonial Dr.

City
BendState
ORZip Code
97701-5516FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Charles Health System, Inc.

Occupation

Chief Physician Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	3

Transaction ID : 21041107

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kirk Schueler

Mailing Address 2500 NE Neff Road

City State Zip Code
 Bend OR 97701-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Charles Health System, Inc.

Occupation

Chief Administrator Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
 07 / 29 / 2013

Transaction ID : 21041108

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Jeanine Gentry

Mailing Address 470 NE 'A' Street

City State Zip Code
 Madras OR 97741-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Charles Madras

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
 07 / 29 / 2013

Transaction ID : 21041109

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Karen Shepard

Mailing Address 2500 NE Neff Road

City State Zip Code
 Bend OR 97701-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Charles Medical Center - Redmond

Occupation

Senior Vice President Finance and Chie

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
 07 / 29 / 2013

Transaction ID : 21041110

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Pamela E. Steinke RN, MSN

Mailing Address 2500 NE Neff Road

City	State	Zip Code
Bend	OR	97701-6015

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Charles Health System, Inc.

Occupation

Chief Nurse Executive and Vice Preside

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2013

Transaction ID : 21041113

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael May MD

Mailing Address 2855 NW Glenwood Drive

City	State	Zip Code
Corvallis	OR	97330-3137

FEC ID number of contributing federal political committee.

C

Name of Employer

Samaritan Health Services

Occupation

Vice President, Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2013

Transaction ID : 21041116

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Melinda Reid HattonMailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1045726228469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1576.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Schulke

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1057462128469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Sarah B. Macchiarola

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1082532728469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Jellen

Mailing Address 206 N Royal St

City

Alexandria

State

VA

Zip Code

22314-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1113464228469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lisa Allen

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR118928228469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Dale A Kirby MHA

Mailing Address P O Box 331

City

Colusa

State

CA

Zip Code

95932-0331

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1125892328469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Mary Meadows

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1260472928469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1347703628469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Susan Gergely

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1347791028469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Heather Drevna

Mailing Address 3205 Ravensworth PL

City

Alexandria

State

VA

Zip Code

22302-2107

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Member Communica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1348169728469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

92.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Sharon Allen

Mailing Address 155 N Wacker Dr

City
Chicago

State
IL

Zip Code
60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1474886228469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City
Palatine

State
IL

Zip Code
60067-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1475133728469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Fannie D. Wade

Mailing Address 7706 Heartwood Lane

City
Upper Marlboro

State
MD

Zip Code
20772-4323

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1476385728469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

92.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Stephanie H Drake

Mailing Address 155 N. Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1492459928469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Monica D Day

Mailing Address 4321 Telfair Blvd
D319

City

Suitland

State

MD

Zip Code

20746-4271

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1516850628469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Elisa Arespachaga

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1555656228469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathy Poole

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Director, Governance Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 31 2013

Transaction ID : PR1589439928469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Kimberly Baker

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 31 2013

Transaction ID : PR1590809128469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Bob Kehoe

Mailing Address 155 N Wacker Dr Fl 7

City State Zip Code
 Chicago IL 60606-1787

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation
 Health Facilities Management Magazine Executive Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 31 2013

Transaction ID : PR1625368328469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

80.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bill Ladewski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Membership Associate, CHG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1625369128469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Monique Showalter

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Marketing AHA Solutions, Inc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1625602228469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Stephen Hines

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1648726628469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Erik Rasmussen

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1819487928469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Aimee Hartlage

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Fed. Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1877582328469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Shari Dexter

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.60

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1878189828469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Joanna Kim

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : PR1913190528469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Evelyn Knolle

Mailing Address 325 Seventh Street, NW

City State Zip Code
Washington DC 20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : PR1913190728469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Janet Henderson

Mailing Address 155 North Wacker Drive

City State Zip Code
Chicago IL 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : PR1937843128469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

103.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Diane Jones

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2013

Transaction ID : PR1943461528469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR327629128469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR327771628469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M M / D D / Y Y Y Y Y
 07 31 2013

Transaction ID : PR327777228469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City State Zip Code
 Oak Park IL 60304-2132

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y
 07 31 2013

Transaction ID : PR327777828469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Neil Jesuele

Mailing Address 155 N Wacker Dr

City State Zip Code
 Chicago IL 60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M M / D D / Y Y Y Y Y
 07 31 2013

Transaction ID : PR327801728469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Pamela Austin Thompson RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Chief Executive Officer, AONE & Sr. Vi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR327812028469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City State Zip Code
Arlington VA 22205-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR327831728469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR327846228469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2013

Transaction ID : PR327851928469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR327858028469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR327877828469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
#3002

City State Zip Code
Chicago IL 60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR327895728469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Eileen M. Collins Offner

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR327906128469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Judy Williams

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR327918928469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard J. UmbdenstockMailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR328132828469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Barbara Lorschbach

Mailing Address 204 7th Ave

City	State	Zip Code
La Grange	IL	60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR328136928469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City	State	Zip Code
Chicago	IL	60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR328223828469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR328241428469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR328260928469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR328511828469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR328512028469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. George Arges

Mailing Address One North Franklin St.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2013

Transaction ID : PR328641128469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Anthony S Burke

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHA Solutions, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR328913328469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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192.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2013

Transaction ID : PR329013428469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Dr. John R. Combes

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR329071328469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Robyn L. Bash

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2013

Transaction ID : PR329084428469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR329215728469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. John Evans

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR329342628469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City

Chicago

State

IL

Zip Code

60626-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR329654228469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2013

Transaction ID : PR330343328469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR330411628469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR330465228469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR330475428469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2013

Transaction ID : PR330547728469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR330549228469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR331098328469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Debi H. Tucker Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR331278828469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR331304228469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

153.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR331379128469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR331386928469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Dale Woodin

Mailing Address 800 W. Central Road

City Arlington Heights State IL Zip Code 60005-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASHE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR331481328469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR518031928469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Laura M. Werner

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2013

Transaction ID : PR560101528469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2013

Transaction ID : PR566280928469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR766023728469

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.05

Date of Receipt

07 / 31 / 2013

Transaction ID : PR801366328469

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Lisa Kidder Hrobksy

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

07 / 31 / 2013

Transaction ID : PR876637228469

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

142.36

TOTAL This Period (last page this line number only)..... ►

101614.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City	State	Zip Code
Austin	TX	78761-5587

FEC ID number of contributing federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

34000.00

Date of Receipt

07 / 11 / 2013

Transaction ID : 21028884

Amount of Each Receipt this Period

6000.00

Full Name (Last, First, Middle Initial)

B. California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City	State	Zip Code
Sacramento	CA	95814

FEC ID number of contributing federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175000.00

Date of Receipt

07 / 23 / 2013

Transaction ID : 21030755

Amount of Each Receipt this Period

65000.00

Full Name (Last, First, Middle Initial)

C. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City	State	Zip Code
Rensselaer	NY	12144

FEC ID number of contributing federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160000.00

Date of Receipt

07 / 22 / 2013

Transaction ID : 21033240

Amount of Each Receipt this Period

30000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

101000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing
federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

07 / **19** / **2013**

Transaction ID : 21033241

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

07 / **19** / **2013**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

07 / **19** / **2013**

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

101350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1348.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 31 2013

Transaction ID : 21076772

Amount of Each Receipt this Period

213.35

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

213.35

213.35

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Paymentech

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	3		

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 21076769

Amount of Each Disbursement this Period

82.71

Merchant Fees

Full Name (Last, First, Middle Initial)

B. American Express

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	3		

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 21076770

Amount of Each Disbursement this Period

43.88

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Newtek Merchant Solutions

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	1	3		

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 21076771

Amount of Each Disbursement this Period

92.26

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

218.85

TOTAL This Period (last page this line number only)..... ▶

218.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Brady For Congress

Mailing Address P.O. Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kevin Patrick BradyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Transaction ID : 21003720

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue

City	State	Zip Code
Niles	OH	44446

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Timothy J. RyanCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Transaction ID : 21003721

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Democrats Win Seats PAC

Mailing Address 1071 Turin Branch Lane

City	State	Zip Code
Weston	FL	33326

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Democrats Win Seats PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Transaction ID : 21003723

Amount of Each Disbursement this Period

2500.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Fearless PAC

Mailing Address PO Box 4572

City Boulder	State CO	Zip Code 80306
-----------------	-------------	-------------------

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Fearless PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Transaction ID : 21003724

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Good Fund, The

Mailing Address PO Box 3404

City Alexandria	State VA	Zip Code 22302
--------------------	-------------	-------------------

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Good Fund, The

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Transaction ID : 21003725

Amount of Each Disbursement this Period

5000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. Senate Victory Fund PAC

Mailing Address PO Box 7274

City Tupelo	State MS	Zip Code 38802
----------------	-------------	-------------------

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Senate Victory Fund PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Transaction ID : 21003782

Amount of Each Disbursement this Period

5000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dan Lipinski For Congress

Mailing Address P.O. Box 520

City	State	Zip Code
Western Springs	IL	60558

Purpose of Disbursement
Contribution

Candidate Name

Rep. Daniel William LipinskiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2013

Transaction ID : 21004331

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mary Landrieu, Inc.Mailing Address 700 13th Street, NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mary L. LandrieuOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2013

Transaction ID : 21011862

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement
Contribution

Candidate Name

Sen. Tim ScottOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2013

Transaction ID : 21011863

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Sanford Bishop For Congress

Mailing Address P. O. Box 909

City	State	Zip Code
Columbus	GA	31902

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Sanford D. Bishop Jr.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : 21011864

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dave Camp For CongressMailing Address 5915 Eastman Avenue
Suite 100

City	State	Zip Code
Midland	MI	48640

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. David Lee CampCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : 21011865

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City	State	Zip Code
La Crosse	WI	54601

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Ron KindCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : 21011868

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Joe Kennedy For Congress

Mailing Address PO Box 590464

City Newton	State MA	Zip Code 02459
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joseph A. Kennedy IIIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : 21011869

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield	State MA	Zip Code 01108
---------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Richard E. NealOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : 21011870

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Terri Sewell For Congress

Mailing Address P.O. Box 1964

City Birmingham	State AL	Zip Code 35201
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Terri A. SewellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : 21011872

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Engel For Congress

Mailing Address 462 California Road

City	State	Zip Code
Bronxville	NY	10708

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Eliot L. EngelCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : 21011875

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Freedom Fund

Mailing Address 128 N. Columbus Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Freedom FundCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : 21011876

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. GOP Generation Y Fund

Mailing Address PO Box 10555

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement
2013 Contribution

011

Candidate Name

GOP Generation Y FundCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : 21011877

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Orrin PAC

Mailing Address 175 S. West Temple Suite 650

City	State	Zip Code
Salt Lake City	UT	84101

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Orrin PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2013

Transaction ID : 21011878

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Marsha Blackburn

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020077

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Crawford For Congress

Mailing Address PO Box 16956

City	State	Zip Code
Jonesboro	AR	72403

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Rick A. Crawford

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: AR

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020078

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Elect Blake Farenthold Committee

Mailing Address P.O. Box 3369

City	State	Zip Code
Corpus Christi	TX	78463

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Blake FarentholdCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020079

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Levin For Congress

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Sander M. LevinCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020080

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Loeb sack For Congress

Mailing Address PO Box 3013

City	State	Zip Code
Iowa City	IA	52244

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. David Wayne Loeb sackCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020081

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
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for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. McCaul For Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Mailing Address 815-A Brazos Street
Pmb 230

City Austin State TX Zip Code 78701

Purpose of Disbursement
Contribution

011

Transaction ID : 21020083

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Michael T. McCaulCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 10

Contribution

Full Name (Last, First, Middle Initial)

B. Kristi For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Contribution

011

Transaction ID : 21020084

Amount of Each Disbursement this Period

1000.00

Candidate Name

Kristi NoemCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Rich Nugent

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Mailing Address PO Box 15668

City Brooksville State FL Zip Code 34604

Purpose of Disbursement
Contribution

011

Transaction ID : 21020085

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Richard B. NugentCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 11

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Peterson For Congress

Mailing Address 26192 Floyd Lake Point Road

City	State	Zip Code
Detroit Lakes	MN	56501

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Collin C. PetersonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020086

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens For Tom Petri

Mailing Address PO Box 270

City	State	Zip Code
Fond Du Lac	WI	54936

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Thomas E. PetriCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020087

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Martha Roby For Congress

Mailing Address PO Box 195

City	State	Zip Code
Montgomery	AL	36101

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Martha RobyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020088

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Schiff For Congress

Mailing Address 777 S. Figueroa St., Ste. 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement
Contribution

Candidate Name

Rep. Adam B. Schiff

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 28

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020089

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Filemon Vela For Congress

Mailing Address 333 Ebony Avenue

City	State	Zip Code
Brownsville	TX	78520

Purpose of Disbursement
Contribution

Candidate Name

Rep. Filemon Vela Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 34

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020090

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dirigo PAC

Mailing Address P.O. Box 1355

City	State	Zip Code
Alexandria	VA	22313

Purpose of Disbursement
2013 Contribution

Candidate Name

Dirigo PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020091

Amount of Each Disbursement this Period

5000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. MURPHPAC

Mailing Address PO Box 127

City	State	Zip Code
Cheshire	CT	06410

Purpose of Disbursement
2013 Contribution

011

Candidate Name

MURPHPAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020092

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

B. New Pioneers PACMailing Address 228 S. Washington St.
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2013 Contribution

011

Candidate Name

New Pioneers PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020093

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. To Organize a Majority PAC

Mailing Address PO Box 752

City	State	Zip Code
Des Moines	IA	50303

Purpose of Disbursement
2013 Contribution

011

Candidate Name

To Organize a Majority PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020095

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bilirakis For Congress

Mailing Address PO Box 606

City	State	Zip Code
Tarpon Springs	FL	34688

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gus M. BilirakisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020096

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lois Frankel For Congress

Mailing Address P.O. Box 775

City	State	Zip Code
West Palm Beach	FL	33402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lois FrankelOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020097

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Patrick Murphy

Mailing Address 4521 Pga Blvd. #412

City	State	Zip Code
Palm Beach Gardens	FL	33418

Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick MurphyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020098

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Daniel Webster For Congress

Mailing Address 3400 Old Winter Garden Road

City Orlando	State FL	Zip Code 32805
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Daniel WebsterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Transaction ID : 21020099

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Enzi For U.S. Senate

Mailing Address PO Box 2775

City Cody	State WY	Zip Code 82414
--------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Sen. Michael B. EnziOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2013

Transaction ID : 21033254

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kirk For Senate

Mailing Address P.O. Box 8

City Winnetka	State IL	Zip Code 60093
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Purpose of Disbursement
2016 Contribution

Candidate Name

Sen. Mark Steven KirkOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2013

Transaction ID : 21033255

Amount of Each Disbursement this Period

2000.00

2016 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jeff Merkley For Oregon

Mailing Address PO Box 42307

City	State	Zip Code
Portland	OR	97242

Purpose of Disbursement
Contribution

Candidate Name

Sen. Jeff Merkley

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2013

Transaction ID : 21033259

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Mailing Address PO Box 1372

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joseph D. Courtney

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2013

Transaction ID : 21033260

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jeff Duncan For Congress

Mailing Address PO Box 845

City	State	Zip Code
Laurens	SC	29360

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jeff Duncan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2013

Transaction ID : 21033261

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Pete Gallego

Mailing Address PO Box 1781

City	State	Zip Code
San Antonio	TX	78296

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pete GallegoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2013

Transaction ID : 21033262

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Steve Israel For Congress Committee

Mailing Address PO Box 1400

City	State	Zip Code
Melville	NY	11747

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve J. IsraelOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2013

Transaction ID : 21033263

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Blaine Luetkemeyer for Congress

Mailing Address P.O. Box 25

City	State	Zip Code
Holts Summit	MO	65043

Purpose of Disbursement
Contribution

Candidate Name

Rep. Blaine LuetkemeyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2013

Transaction ID : 21033264

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texans For Lamar Smith

Mailing Address PO Box 6155

City	State	Zip Code
San Antonio	TX	78209

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lamar S. SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2013

Transaction ID : 21033265

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Follow the North Star FundMailing Address 316 E Hennepin Ave
Suite 201

City	State	Zip Code
Minneapolis	MN	55414

Purpose of Disbursement
2013 Contribution

Candidate Name

Follow the North Star FundOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2013

Transaction ID : 21033266

Amount of Each Disbursement this Period

1000.00

2013 Contribution

Full Name (Last, First, Middle Initial)

C. Progressive Choices PAC

Mailing Address PO Box 58

City	State	Zip Code
Evanston	IL	60204

Purpose of Disbursement
2013 Contribution

Candidate Name

Progressive Choices PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2013

Transaction ID : 21033267

Amount of Each Disbursement this Period

1000.00

2013 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 135 OF 135

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Responsibility and Freedom Work PAC

Mailing Address PO Box 196

City Tupelo	State MS	Zip Code 38802
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Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Responsibility and Freedom Work PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2013

Transaction ID : 21033268

Amount of Each Disbursement this Period

1000.00

2013 Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

82000.00